

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90121 030 *****61.25

0020335

DOCUMENT # 711133

1. Entity Name

THE SOUTH FLORIDA RADIOLOGICAL SOCIETY, INC.

Principal Place of Business

P.O. BOX 640797
NORTH MIAMI FL 33164-7797

Mailing Address

1715 NW 94TH ST
GAINESVILLE FL 32606
US

2. Principal Place of Business

226 ESTHER ST E
Suite, Apt. #, etc.

3. Mailing Address

226 ESTHER ST E.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3006068

Applied For

Not Applicable

Zip

32806

Country

US

Zip

32806

Country

ORLANDO, FL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHMON, JOEL MD
1715 NW 94TH ST
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name **LINDA S. ROGERS**

Street Address (P.O. Box Number is Not Acceptable)

226 ESTHER STREET E.

City

ORLANDO

FL

Zip Code

32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Linda S. Rogers
Signature, typed or printed name of registered agent and title if applicable.

LINDA S. ROGERS

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOSEPH, RONALD	
STREET ADDRESS	PO BOX 640797 N/A	
CITY-ST-ZIP	N MIAMI BEACH FL 33164	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOEL FISHMAN, M.D.	
STREET ADDRESS	P.O. BOX 640797 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REITMAN, LAURENCE	
STREET ADDRESS	P.O. BOX 640797 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHFNKMAN, RANDY MD	
STREET ADDRESS	PO BOX 640797	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITEMAN, MITCHELL MD	
STREET ADDRESS	P.O. BOX 640797 N/A	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, HOWARD	
STREET ADDRESS	P.O. BOX 640797 N/A	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTZE, MARIA	
STREET ADDRESS	226 ESTHER ST E.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAPLAN, STUART	
STREET ADDRESS	226 ESTHER ST E.	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, LINDA S.	
STREET ADDRESS	226 ESTHER ST E.	
CITY-ST-ZIP	ORLANDO, FL 32806	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda S. Rogers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 888 6643-7028

CR2E037 (10/00)